

# REGISTRATION FORM

Electronic Book 2001  
November 5-7, 2001

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Room or Mail Code \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

☐ I will pay the \$400 – 3 day fee      ☐ I will pay the \$195 – one day fee (no meals)

PAYMENT MUST BE MADE ON-SITE AT THE CONFERENCE

This form may be faxed to 301-948-2067 – deadline November 1.

Please fill out the information you would like to appear on your badge for the conference.

Name to appear on badge \_\_\_\_\_

Organization \_\_\_\_\_

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☐ I will pay the \$195 – 1 day fee